

**FLINT-GOODRIDGE HOSPITAL**

**Superintendent's  
Report  
1943**



Improved economic conditions have resulted in an increased patronage of the hospital during 1943. This growth in the demands upon our services has been gradual for the past three years as is indicated by the following tabulation of patients admitted:

	<u>1941</u>	<u>1942</u>	<u>1943</u>
Compensation Cases	323	561	746
Full Pay Private Cases	656	836	1,182
Part Pay Ward Cases	424	723	931
Free Ward Cases	675	490	216
Newly Born	348	543	514
	<u>2,436</u>	<u>3,153</u>	<u>3,589</u>

The facilities in all departments have been taxed to capacity. When the hospital building was completed in 1932, total bed capacity was eight hundred. The demand brought on by the war emergency has now caused us to crowd additional patients into various parts of the hospital. With the sacrifice of some conveniences, we can now accommodate one hundred twenty patients. The following figures will illustrate the gradual growth in average daily occupancy of the hospital.

1932	29.2	1940	52.9
1934	33.7	1941	64.2
1936	38.4	1942	76.6
1938	40.7	1943	86.3

This greater use of our facilities has entailed corresponding expansion of hospital costs. The Trustees approved a small increase in hospital rates in the spring of 1943. These increases have, in part, enabled the hospital to absorb some of the great increase in the expenses of operation.



### Out Patient Services

Improved economic conditions have resulted in an increased patronage of the hospital during 1943. This growth in the demands upon our services has been gradual for the past three years as is indicated by the following tabulation of patients admitted:

	1941	1942	1943
Individuals admitted to clinics	12,538	15,590	18,649
Compensation Cases	323	561	746
Full Pay Private Cases	656	836	1,182
Part Pay Ward Cases	424	723	931
Free Ward Cases	675	490	216
Newly Born	348	543	514
	2,436	3,153	3,589

The facilities in all departments have been taxed to capacity. When the hospital building was completed in 1932, total bed capacity was eighty-eight. The demand brought on by the war emergency has now caused us to crowd additional beds into various parts of the hospital. With the sacrifice of some conveniences, we can now accommodate one hundred twenty patients. The following figures will illustrate the gradual growth in average daily occupancy of the hospital.

1932	29.2	1940	52.9
1934	33.7	1941	64.2
1936	38.4	1942	76.6
1938	40.7	1943	86.3

This greater use of our facilities has entailed corresponding expansion of hospital costs. The Trustees approved a small increase in hospital rates in the spring of 1943. These increases have, in part, enabled the hospital to absorb some of the great increase in the expenses of operation.



Improved economic conditions have resulted in an increased patronage of the hospital during 1943. This growth in the demands upon our services has been gradual for the past three years as is indicated by the following tabulation of patients admitted:

1943	1942	1941	
746	581	323	Compensation Cases
1,182	836	656	Full Pay Private Cases
931	723	424	Part Pay Ward Cases
216	490	675	Free Ward Cases
214	243	348	Newly Born
3,289	3,153	2,436	

The facilities in all departments have been taxed to capacity. When the hospital building was completed in 1932, total bed capacity was eighty-eight. The demand brought on by the war emergency has now caused us to crowd additional beds into various parts of the hospital. With the sacrifice of some conveniences, we can now accommodate one hundred twenty patients. The following figures will illustrate the gradual growth in average daily occupancy of the hospital.

1943	1942	1941	1940
86.3	76.6	64.2	52.9

This greater use of our facilities has entailed corresponding expansion of hospital costs. The Trustees approved a small increase in hospital rates in the spring of 1943. These increases have, in part, enabled the hospital to absorb some of the great increase in the expenses of operation.

Out Patient Services

For the past three years, the number of persons making requests for service in our free clinics has been steadily reduced, although the number of visits per individual has increased.

	1941	1942	1943
Individuals admitted to clinics	12,538	10,590	8,649
Total clinic visits	55,502	50,610	54,776

The clinic-admitting officer, a physician, performs a complete physical examination of all new patients, including routine blood tests by the laboratory. Patients are then referred to the various departments of the clinic as indicated by the results of their examination.

Increased tempo of wartime living has brought with it a rise in wages for low-income groups. Realizing that living expenses have also increased, we reviewed and re-adjusted the entire financial scale which is used to determine eligibility for clinic admission. We raised the clinic registration fee from 10¢ to 25¢, and also increased the maximum allowable income for a clinic registrant from \$75 to \$100.

GROUP HOSPITALIZATION

When Flint-Goodridge entered into a plan with the local public school teachers in 1932 to furnish hospital service, Group Hospitalization, as we know it today, was but an idea. This small project with the teachers developed and, in 1936, formed the nucleus of our Penny-A-Day Plan. During the past seven years, the



Our Patient Services

For the past three years, the number of persons making requests for service in our free clinics has been steadily reduced, although the number of visits per individual has increased.

1943	1942	1941
8,649	10,590	12,538
24,776	30,610	22,502
Individuals admitted to clinics		
Total clinic visits		

The clinic-admitting officer, a physician, performs a complete physical examination of all new patients, including routine blood tests by the laboratory. Patients are then referred to the various departments of the clinic as indicated by the results of their examination.

Increased tempo of wartime living has brought with it a rise in wages for low-income groups. Realizing that living expenses have also increased, we reviewed and re-adjusted the entire financial scale which is used to determine eligibility for clinic admission. We raised the clinic registration fee from 10¢ to 25¢, and also increased the maximum allowable income for a clinic registration from \$75 to \$100.

GROUP HOSPITALIZATION

When Flint-Goodridge entered into a plan with the local public school teachers in 1932 to furnish hospital service, Group Hospitalization, as we know it today, was but an idea. This small project with the teachers developed and, in 1936, formed the nucleus of our Penny-A-Day Plan. During the past seven years, the

Flint-Goodridge Group Hospitalization Plan has insured approximately four thousand individuals, and paid over forty thousand dollars in hospitalization benefits.

The hospital Service Association of New Orleans, the city-wide hospitalization plan, had originally a semi-private room contract, at a rate much higher than the contract issued by Flint-Goodridge. They now issue a contract comparable to ours, and have invited Flint-Goodridge to join the Association on the same basis as other local hospitals. Our Trustees have recommended that the hospital join the Association, and that the plan at Flint-Goodridge be discontinued when, and as, present contracts expire. This recommendation was made on the basis of the belief that there are at least two distinct advantages to the subscribers to the plan, and at least two distinct advantages to Flint-Goodridge Hospital. The advantages to the subscriber are:

1. Although the monthly fee in the new plan will be fifty cents instead of thirty-five cents per month, the city-wide plan contract permits a maximum of 30 days of hospital care per year, instead of 21 days offered by the Flint-Goodridge Plan.
2. Members of the city-wide plan may use the benefits of their contract any place in the United States, whereas the Flint-Goodridge contract provides for service in Flint-Goodridge Hospital only.

The advantages to Flint-Goodridge Hospital are:

1. The Hospital Service Association of New Orleans is presently paying to its member hospitals \$4.75 per day for hospital service, whereas Flint-Goodridge collects from its own plan only \$3.50 per day.



Page Three

Flint-Goodridge Group Hospitalization Plan has insured approximately four thousand individuals, and paid over forty thousand dollars in hospitalization benefits.

The Hospital Service Association of New Orleans, the city-wide hospitalization plan, had originally a semi-private room contract, at a rate much higher than the contract issued by Flint-Goodridge. They now issue a contract comparable to ours, and have invited Flint-Goodridge to join the Association on the same basis as other local hospitals. Our Trustees have recommended that the hospital join the Association, and that the plan at Flint-Goodridge be discontinued when, and as, present contracts expire. This recommendation was made on the basis of the belief that there are at least two distinct advantages to the subscribers to the plan, and at least two distinct advantages to Flint-Goodridge Hospital. The advantages to the subscriber

1. Although the monthly fee in the new plan will be fifty cents instead of thirty-five cents per month, the city-wide plan contract permits a maximum of 30 days of hospital care per year, instead of 21 days offered by the Flint-Goodridge Plan.

2. Members of the city-wide plan may use the benefits of their contract any place in the United States, whereas the Flint-Goodridge contract provides for service in Flint-Goodridge Hospital only.

The advantages to Flint-Goodridge Hospital are:

1. The Hospital Service Association of New Orleans is presently paying to its member hospitals \$4.75 per day for hospital service, whereas Flint-Goodridge collects from its own plan only \$3.50 per day.

2. It is believed that by selling one contract to white and colored employees, the colored enrollment will be greatly increased over the present enrollment at Flint-Goodridge Hospital, for Flint-Goodridge Hospital has not been able to present its plan in some industrial plants where whites and Negroes work.

### NURSING SERVICE & EDUCATION

Since the closing of the old Flint-Goodridge School of Nursing in 1934, the hospital nursing service has been conducted by a staff of graduate nurses. The opening of the division of nursing at Dillard University in 1942 focused attention on our nursing service, and indicated the need of raising standards.

The year 1943 has been one fraught with obstacles. The armed forces' insistent call on the nursing profession was reflected in the continued turnover in the employment of the general duty nurse. During many months, we were forced to conduct the nursing service with a greatly reduced staff.

Nevertheless, we have been successful in filling our ranks with a group of earnest and conscientious young women. Early in 1943, the nurses themselves secured and paid expenses for special lecturers on ward management and other timely nursing subjects. An in-training program, and lectures by members of the nursing faculty of Dillard University and Charity Hospital were given during the year. Opportunities for advancement in nursing were called to the attention of individual nurses. We are proud to say that we now have a group of eager and optimistic nurses on our staff. A significant and gratifying result of the changing spirit is that eight of the nurses are now enrolled for classes leading to a degree in local universities.



The division of nursing, established at Dillard University in September 1942, provides for a five-year course of study leading to a degree from the college. The pre-clinical instruction is given at the university during the first two years. During the latter three years, clinical instruction and experience are given at Flint-Goodridge Hospital and New Orleans' Charity Hospital. The total enrollment in the nursing division of the university in 1943 was fifty-five; fourteen of this number were available for the clinical work at the hospital.

#### MATERNAL & CHILD WELFARE

The improvement in maternal and child health in New Orleans for the past decade has been noteworthy. The improvement in the city of New Orleans, however, has not yet spread to the rural areas of this section because of the lack of sufficient physicians and health facilities. Until the time when such facilities are available, we believe the placing of nurses trained in midwifery, and working in public health agencies under the direction of a physician, would be desirable.

In 1942, we established a school to train graduate nurses in midwifery. The school was operated until the fall of 1943, graduating two students who are now utilizing this specialized training in the departments of health of States of Louisiana and Mississippi. Because of the war emergency, we have had to discontinue the school temporarily.

3. It is believed that by selling one contract to white and colored employees, the colored enrollment will be greatly increased over the present enrollment at Flint-Goodridge Hospital, for Flint-Goodridge Hospital has not been able to present its plan in some industrial plants where whites and Negroes work.

#### NURSING SERVICE & EDUCATION

Since the closing of the old Flint-Goodridge School of Nursing in 1934, the hospital nursing service has been conducted by a staff of graduate nurses. The opening of the division of nursing at Dillard University in 1942 focused attention on our nursing service, and indicated the need of raising standards. The year 1943 has been one fraught with obstacles. The armed forces' insistent call on the nursing profession was reflected in the continued turnover in the employment of the general duty nurse. During many months, we were forced to conduct the nursing service with a greatly reduced staff. Nevertheless, we have been successful in filling our ranks with a group of earnest and conscientious young women. Early in 1943, the nurses themselves secured and paid expenses for special lecturers on ward management and other timely nursing subjects. An in-training program, and lectures by members of the nursing faculty of Dillard University and Charity Hospital were given during the year. Opportunities for advancement in nursing were called to the attention of individual nurses. We are proud to say that we now have a group of eager and optimistic nurses on our staff. A significant and gratifying result of the changing spirit is that eight of the nurses are now enrolled for classes leading to a degree in local universities.



The division of nursing, established at Tulane University in September 1942, provides for a five-year course of study leading to a degree from the college. The pre-clinical instruction is given at the university during the first two years. During the latter three years, clinical instruction and experience are given at Flint-Goodridge Hospital and New Orleans Charity Hospital. The total enrollment in the nursing division of the university in 1943 was fifty-five; fourteen of this number were available for the clinical work at the hospital.

#### MATERNAL & CHILD WELFARE

The improvement in maternal and child health in New Orleans for the past decade has been noteworthy. The improvement in the city of New Orleans, however, has not yet spread to the rural areas of this section because of the lack of sufficient physicians and health facilities. Until the time when such facilities are available, we believe the placing of nurses trained in midwifery, and working in public health agencies under the direction of a physician, would be desirable.

In 1942, we established a school to train graduate nurses in midwifery. The school was operated until the fall of 1943, graduating two students who are now utilizing this specialized training in the departments of health of States of Louisiana and Mississippi. Because of the war emergency, we have had to discontinue the school temporarily.

this course for the duration. After consulting the doctors in

this area We have been designated by the Health Department of the State of Louisiana as an approved hospital in which wives of service men may be hospitalized for maternal care. Since the first year of its presentation.

#### THE MEDICAL STAFF

The quality of work of the hospital cannot transcend the excellence of the professional service rendered by the men and women who serve therein. Although our primary consideration is the patients we serve, Flint-Goodridge is extremely interested in the professional development of the Negro doctor in this community. Our ability to cope successfully with many of the problems brought on by the increasing demand for service is due, in no small measure, to the devotion and efficiency of our active medical staff.

Their contact with the Senior and Junior Consultants and other Specialists who are connected with the faculties of Tulane and Louisiana State University Medical Schools, together with our consistent program of postgraduate education for physicians, contributes largely to the present ease and aplomb with which they have managed the increasing demands of the war emergency.

#### Postgraduate Education

Forty-seven doctors from eight states registered for our Annual Postgraduate Course for Physicians held in June 1943. Because of travel difficulties, and the pressure of work the practicing physician must face during the emergency, and our own curtailed facilities and personnel, we considered discontinuing



this course for the duration. After consulting the doctors in this area about our plans, we received a nearly unanimous objection to the cessation—even for the duration. We reconsidered the matter and, in 1943, had the largest enrollment for the course since the first year of its presentation.

#### Other Educational Efforts

There has been organized among the younger men of the active staff, a Reading Club in which there is a membership of approximately one third of the staff. They meet monthly and present papers and discussions on medical topics. This voluntary action on the part of these staff members is significant, and bodes well for the future scientific development of our staff and the service they render their community.

#### Residents and Interns

Our regular complement of resident physicians was four. The demands of war have reduced this figure to ONE. This one man could not effectively do all the necessary work for our patients; therefore, members of the staff have come to our assistance in rendering service to patients in clinics, emergency room, and on the wards of the hospital.

The American Medical Association has approved our application to again establish an Intern Training Program at Flint-Goodridge, and we have been assigned a quota to begin service on April 1, 1944. The steady growth and development of the medical services within the hospital offer a fertile laboratory for these young men.

We have been designated by the Health Department of the State of Louisiana as an approved hospital in which wives of service men may be hospitalized for maternal care.

#### THE MEDICAL STAFF

The quality of work of the hospital cannot transcend the

excellence of the professional service rendered by the men and women who serve therein. Although our primary consideration is the patients we serve, Flint-Goodridge is extremely interested in the professional development of the Negro doctor in this community. Our ability to cope successfully with many of the problems brought on by the increasing demand for service is due, in no small measure, to the devotion and efficiency of our active medical staff.

Their contact with the Senior and Junior Consultants and other Specialists who are connected with the faculties of Tulane and Louisiana State University Medical Schools, together with our constant program of postgraduate education for physicians, contributes largely to the present ease and aplomb with which they have managed the increasing demands of the war emergency.

#### Postgraduate Education

Forty-seven doctors from eight states registered for our

Annual Postgraduate Course for Physicians held in June 1943.

Because of travel difficulties, and the pressure of work the practicing physician must face during the emergency, and our own curtailed facilities and personnel, we considered discontinuing



WOMEN'S AUXILIARY

Seven hundred sixty is the present membership of our Women's Auxiliary. This group of women—the largest in the history of the Auxiliary—continues to interpret and support the hospital program. In addition to innumerable services to the hospital by the membership, the Auxiliary specifically continues its sponsorship of the National Hospital Day Observation, and the financing of a Christmas party for the children registered in our out-patient clinic. They also make an annual donation to the Social Service Department for work with indigent clinic patients.

FRIENDLY SERVICE

The women's societies of the Congregational and Christian Churches throughout the country continue their generous benefactions. Thousands of pieces of hospital supplies, articles of bedding, linen and infants wear and, in some cases, money to buy supplies were received from these groups. All of these gifts are appreciated and put to immediate use.

IN CONCLUSION—

We have sought to take advantage of all opportunities to interpret and serve the health needs of the community. When the new building was opened in 1932, it was thought to be

this course for the duration. After consulting the doctors in this area about our plans, we received a nearly unanimous objection to the cessation—even for the duration. We reconsidered the matter and, in 1943, had the largest enrollment for the course since the first year of its presentation.

Other Educational Efforts

There has been organized among the younger men of the active staff, a Reading Club in which there is a membership of approximately one third of the staff. They meet monthly and present papers and discussions on medical topics. This voluntary action on the part of these staff members is significant, and bodes well for the future scientific development of our staff and the service they render their community.

Residents and Interns

Our regular complement of resident physicians was four. The demands of war have reduced this figure to ONE. This one man could not effectively do all the necessary work for our patients; therefore, members of the staff have come to our assistance in rendering service to patients in clinics, emergency room, and on the wards of the hospital.

The American Medical Association has approved our application to again establish an Intern Training Program at Flint-Goodbridge, and we have been assigned a quota to begin service on April 1, 1944. The steady growth and development of the medical services within the hospital offer a fertile laboratory for these young men.



adequate to meet all demands of the Negro community for many years. More than a decade of public health education and enlightened health leadership has created a demand which our present facilities no longer adequately meet.

Our clinics originally designed to serve a maximum of 25,000 visits annually, has had to accommodate over 50,000 visits annually for the past three years. All private rooms have gone to war. We have placed two beds in rooms designed to accommodate only one. Wards planned for twelve beds have been stretched to make room for eighteen. Service facilities have been bent to the accommodation of patients; isolation and recovery rooms for seriously sick patients are no longer available. Facilities to isolate special cases, such as children and obstetrics, are needed; more room for the Maternity Department is imperative.

Necessarily, we have made other types of sacrifices in order to meet the acute needs of our clientele. It has been difficult for us to maintain our usual high standards because many of our former personnel have entered either the armed forces or essential war industries. Those of us who remain are shouldering the added burden.

Since our service is to that part of the population more often visited by the vicissitudes of illness, we should plan now for more facilities to better serve our present demand, and prepare for the increased hospital occupancy which is forecast after the war. This increase will result, in part, from the great agitation on the part of the government and some social planners for a wider distribution of some form of prepaid health insurance.

#### WOMEN'S AUXILIARY

Seven hundred sixty is the present membership of our Women's Auxiliary. This group of women—the largest in the history of the Auxiliary—continues to interest and support the hospital program. In addition to innumerable services to the hospital by the membership, the Auxiliary specifically continues its sponsorship of the National Hospital Day Observation, and the financing of a Christmas party for the children registered in our out-patient clinic. They also make an annual donation to the Social Service Department for work with indigent clinic patients.

#### PRIVILEGE SERVICE

The women's societies of the Congressional and Christian Churches throughout the country continue their generous donations. Thousands of pounds of hospital supplies, articles of bedding, linen and infirm wear and, in some cases, money to buy supplies were received from these groups. All of these gifts are appreciated and put to immediate use.

#### IN CONCLUSION—

We have sought to take advantage of all opportunities to interest and serve the health needs of the community. When the new building was opened in 1932, it was thought to be



adequate to meet all demands of the Negro community for many years. More than a decade of public health education and enlightened health leadership has created a demand which our present facilities no longer adequately meet.

Our clinics originally designed to serve a maximum of 25,000 visits annually, has had to accommodate over 50,000 visits annually for the past three years. All private rooms have gone to war. We have placed two beds in rooms designed to accommodate only one. Wards planned for twelve beds have been stretched to make room for eighteen. Service facilities have been bent to the accommodation of patients; isolation and recovery rooms for seriously sick patients are no longer available. Facilities to isolate special cases, such as children and obstetrics, are needed; more room for the Maternity Department is imperative.

Necessarily, we have made other types of sacrifices in order to meet the acute needs of our clientele. It has been difficult for us to maintain our usual high standards because many of our former personnel have entered either the armed forces or essential war industries. Those of us who remain are shouldering the added burden.

Since our service is to that part of the population more often visited by the vicissitudes of illness, we should plan now for more facilities to better serve our present demand, and prepare for the increased hospital occupancy which is forecast after the war. This increase will result, in part, from the great agitation on the part of the government and some social planners for a wider distribution of some form of prepaid health insurance.

SOME SIGNIFICANT COMPARATIVE FIGURES  
AND MISCELLANEOUS STATISTICS

	1941	1942	1943
<b>INCOME</b>			
Care of Patients	\$ 40,201.75	\$ 50,764.80	\$ 75,568.99
Professional Services	30,053.99	40,917.73	55,340.04
Other Earnings	1,270.60	1,870.22	2,929.09
<b>Total</b>	<b>\$ 71,526.34</b>	<b>\$ 93,552.75</b>	<b>\$133,838.12</b>
<b>Contributions</b>			
Dillard University	\$ 9,000.00	\$ 6,600.00	\$ 1,000.00
Community Chest	9,000.00	10,000.00	12,000.00
City of New Orleans	3,000.00	3,000.00	3,000.00
Miscellaneous	268.34	454.32	644.19
<b>Total</b>	<b>\$ 21,268.34</b>	<b>\$ 20,054.32</b>	<b>\$ 16,644.19</b>
<b>For Designated Purposes</b>			
U. S. Public Health Service	\$ -	\$ 1,650.00	\$ 3,150.00
Julius Rosenwald Fund	6,556.48	3,000.00	2,923.25
	\$ 6,556.48	\$ 4,650.00	\$ 6,073.25
<b>TOTAL INCOME</b>	<b>\$ 99,351.16</b>	<b>\$118,257.07</b>	<b>\$156,555.56</b>
<b>EXPENSES</b>			
Administration	\$ 10,901.30	\$ 11,759.57	\$ 13,264.34
Dietary	19,173.37	25,798.76	37,889.21
Household & Property	24,465.80	25,631.27	30,515.65
Professional Services	38,208.53	47,384.96	74,463.63
Other - Non-Operative	6,556.48	5,789.09	5,520.07
<b>TOTAL EXPENSES</b>	<b>\$ 99,305.48</b>	<b>\$116,363.65</b>	<b>\$161,652.90</b>
Bed Patients	2,426	3,153	3,589
Emergency Patients	1,881	2,262	1,894
Clinic Patients	12,538	10,590	8,649
Patient Days	23,444	27,884	30,983
Per Diem Cost - All Patients	\$3.25	\$3.75	\$4.60
Per Diem Cost - Excluding Births	\$3.59	\$4.30	\$5.19
Cost Per Clinic Visit	37¢	41.5¢	48¢
<b>Average Daily Census</b>	<b>64.2%</b>	<b>76.6%</b>	<b>86.3%</b>



SOME SIGNIFICANT COMPARATIVE FIGURES  
AND MISCELLANEOUS STATISTICS

1943	1942	1941	
<u>INCOME</u>			
\$ 75,568.99	\$ 50,764.80	\$ 40,201.75	Care of Patients
\$ 22,340.04	\$ 40,917.73	\$ 30,023.99	Professional Services
\$ 2,929.09	\$ 1,870.22	\$ 1,270.60	Other Earnings
<u>\$133,838.12</u>	<u>\$ 93,552.75</u>	<u>\$ 71,556.34</u>	
<u>Contributions</u>			
\$ 1,000.00	\$ 6,600.00	\$ 9,000.00	Dillard University
\$ 12,000.00	\$ 10,000.00	\$ 9,000.00	Community Chest
\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	City of New Orleans
\$ 644.19	\$ 424.32	\$ 268.34	Miscellaneous
<u>\$ 16,644.19</u>	<u>\$ 20,024.32</u>	<u>\$ 21,268.34</u>	
<u>For Designated Purposes</u>			
\$ 3,120.00	\$ 1,620.00	\$ -	U. S. Public Health Service
\$ 2,929.22	\$ 3,000.00	\$ 6,256.48	Julius Rosenwald Fund
<u>\$ 6,049.22</u>	<u>\$ 4,620.00</u>	<u>\$ 6,256.48</u>	
<u>\$156,522.26</u>	<u>\$118,227.07</u>	<u>\$ 99,321.16</u>	<u>TOTAL INCOME</u>
<u>EXPENSES</u>			
\$ 13,264.34	\$ 11,729.27	\$ 10,901.30	Administration
\$ 37,889.21	\$ 22,728.76	\$ 19,173.37	Dietary
\$ 30,212.62	\$ 22,621.27	\$ 24,462.80	Household & Property
\$ 74,463.63	\$ 47,384.96	\$ 38,208.23	Professional Services
\$ 2,220.07	\$ 2,789.09	\$ 6,256.48	Other - Non-Operative
<u>\$158,652.90</u>	<u>\$116,363.62</u>	<u>\$ 99,302.48</u>	<u>TOTAL EXPENSES</u>
\$ 3,289	\$ 3,123	\$ 2,426	Bed Patients
\$ 1,891	\$ 2,262	\$ 1,881	Emergency Patients
\$ 8,619	\$ 10,290	\$ 12,238	Clinic Patients
\$ 30,982	\$ 27,884	\$ 23,444	Patient Days
\$ 84.60	\$ 83.72	\$ 83.22	Per Diem Cost - All Patients
\$ 2.19	\$ 4.30	\$ 2.29	Per Diem Cost - Excluding Nurses
\$ 484	\$ 41.24	\$ 374	Cost Per Clinic Visit
<u>\$6.32</u>	<u>\$6.62</u>	<u>\$4.22</u>	<u>Average Daily Census</u>

SOME PERTINENT FIGURES

	1932	1941	1942	1943
1. <u>Hospital Patients</u>				
Workmen's Compensation	2,220	323	561	746
Crippled Children	-	95	74	48
Other Full Pay	165	561	762	1,134
Part Pay	176	424	723	931
New Born	63	348	543	514
Free	353	675	490	216
<u>Total</u>	<u>977</u>	<u>2,426</u>	<u>3,153</u>	<u>3,589</u>
2. <u>Hospital Patients by Services</u>				
Medicine	7,790	257	246	361
Surgery	-	1,135	1,503	1,314
Gynecology & Obstetrics	-	463	660	1,135
Pediatrics	-	-	-	-
New Born	-	348	543	514
Other	-	223	201	265
<u>Total</u>	<u>7,790</u>	<u>2,426</u>	<u>3,153</u>	<u>3,589</u>
3. <u>Days of Care Given</u>				
Workmen's Compensation	2,269	3,022	4,663	6,942
Crippled Children	-	3,618	3,188	2,127
Other Full Pay	1,554	4,689	5,574	8,445
Part Pay	1,371	3,274	6,006	7,577
New Born	606	2,190	3,546	3,522
Free	3,888	6,651	4,907	2,370
<u>Total</u>	<u>9,688</u>	<u>23,444</u>	<u>27,884</u>	<u>30,983</u>
4. <u>Individuals Admitted to Each Clinic</u>				
General Medicine	419	4,720	3,855	3,274
Syphilis	-	1,645	2,073	2,532
Tuberculosis	-	204	222	73
Surgery	356	767	651	443
Dermatology	-	85	72	43
Pediatrics	340	766	945	746
Gynecology	278	431	329	182
Obstetrics	-	419	538	329
Urology	114	296	261	201
Ear, Nose and Throat	249	404	285	169
Eye	102	371	259	189
Dental	-	715	481	258
Special	-	1,715	619	210
<u>Total</u>	<u>1,858</u>	<u>12,538</u>	<u>10,590</u>	<u>8,649</u>



## SOME PERTINENT FIGURES

1. Hospital Patients				
1943	1942	1941	1932	
746	561	323	5,220	Workmen's Compensation
48	74	22	-	Crippled Children
1,134	765	561	165	Other Full Pay
931	753	424	176	Part Pay
214	243	348	63	New Born
216	490	675	323	Free
3,289	3,123	2,426	971	Total
2. Hospital Patients by Services				
1943	1942	1941	1932	
361	246	227	-	Medicine
1,314	1,203	1,132	-	Surgery
1,132	660	463	-	Gynecology & Obstetrics
-	-	-	-	Pediatrics
214	243	348	-	New Born
266	201	223	-	Other
3,289	3,123	2,426	-	Total
3. Days of Care Given				
1943	1942	1941	1932	
6,945	4,663	3,022	2,269	Workmen's Compensation
2,127	3,188	3,618	-	Crippled Children
6,445	2,274	4,689	1,224	Other Full Pay
7,277	6,006	3,274	1,371	Part Pay
3,222	3,246	2,190	606	New Born
2,370	4,907	6,621	3,888	Free
30,983	27,884	23,444	9,688	Total
4. Individuals Admitted to Each Clinic				
1943	1942	1941	1932	
3,274	3,822	4,720	479	General Medicine
2,232	2,073	1,642	-	Syphilis
73	223	204	-	Tuberculosis
443	627	767	326	Surgery
43	72	82	-	Dermatology
746	942	766	340	Pediatrics
182	329	431	208	Gynecology
329	238	419	-	Obstetrics
201	261	236	114	Urology
169	282	404	242	Ear, Nose and Throat
189	229	371	102	Eye
228	481	772	-	Dental
210	619	1,712	-	Special
8,649	10,280	12,238	1,828	Total

	1932	1941	1942	1943
5. Clinic Visits				
General Medicine	2,035	8,082	6,279	3,794
Syphilis	-	28,397	28,181	40,426
Tuberculosis	-	1,154	1,065	347
Dermatology	-	340	206	187
Surgery	1,253	2,526	2,100	1,248
Pediatrics	1,242	2,180	2,814	2,856
Gynecology	803	1,504	1,086	443
Obstetrics	-	2,067	2,915	1,985
Urology	1,130	2,296	1,804	1,219
Ear, Nose and Throat	925	1,661	1,230	621
Eye	402	2,231	1,343	889
Dental	-	1,344	968	547
Special	-	1,720	619	214
Total	7,790	55,502	50,610	54,776
6. Free Patients Admitted for Clinical Study				
Medicine	39	81	55	37
Surgery	91	182	102	57
Pediatrics	40	74	80	10
Gynecology	96	95	55	43
Obstetrics	-	79	71	37
Urology	9	14	19	3
Ear, Nose and Throat	73	114	82	27
Eye	5	34	22	2
Dentistry	-	2	1	-
Total	353	675	490	216
7. Average Days Stay				
All Patients	9.9	9.7	8.8	8.5
Workmen's Compensation	10.3	9.3	8.3	9.3
Other Full Pay	8.5	8.4	7.3	7.4
Crippled Children	-	37.9	43.0	44.1
Part Pay	11.9	7.7	9.3	8.1
Free	11.0	9.8	10.2	10.9
8. Miscellaneous				
Births	63	359	560	527
Deaths	45	49	75	93
Percentage Post Mortems	60	9.3	13.2	46.9
Surgical Operations	541	1,008	1,048	1,351
X-Ray Pictures	520	3,141	2,470	2,035
Laboratory Tests	6,989	29,037	28,991	22,856



